

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/10/2008  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>295081 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |  | (X3) DATE SURVEY COMPLETED<br><br>11/21/2008 |
| NAME OF PROVIDER OR SUPPLIER<br><br>NEVADA STATE VETERANS HOME - BOULDER CITY |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>100 VETERANS MEMORIAL DR<br>BOULDER CITY, NV 89005   |  |  |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   |  | (X5) COMPLETION DATE                         |
| F 000   | INITIAL COMMENTS<br><br>This Statement of Deficiencies was generated as a result of the annual Medicare re-certification survey conducted at your facility on 11/18/08 - 11/21/08. The census at the time of the survey was 165. The sample size was 25, including 3 closed records.<br><br>There were no complaints investigated.<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  | F 000  | <p><i>Accepted 11/6/09</i></p> <p><b>RECEIVED</b><br/>DEC 19 2008<br/>BUREAU OF LICENSURE AND CERTIFICATION<br/>LAS VEGAS, NEVADA</p>   |  |  |
| F 221<br>SS=D   | <p>The following findings were identified:<br/>483.13(a) PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview and record review, the facility failed to ensure restraints used as enablers were assessed, care planned and ordered by a physician for 1 of 25 sample residents.</p> <p>Findings include:<br/><br/>On 11/18/08 and 11/19/08, Resident #3 was observed transferring in the hallways throughout the day in his motorized wheelchair. The resident</p> | F 221  | <p><i>What corrective action will be accomplished for those residents found to be affected by the deficient practice?</i></p> <p>The Interdisciplinary team evaluated the use of the Velcro strap on the legs of resident #3. The team determined the strap would be discontinued. An order was obtained from the nurse practitioner on 12/4/08 to discontinue its use. The strap was removed immediately upon receipt of the order.</p> <p>12/4/2008</p> |  |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *NFA* (X6) DATE *12/19/08*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 221   | <p>Continued From page 1</p> <p>was observed with a Velcro strap wrapped around his legs and the wheel chair.</p> <p>On the afternoon of 11/19/08, the unit nurse manager indicated that the Velcro strap was used to secure Resident #3's feet on the foot rests of the wheelchair. She further indicated that Resident #3 had multiple sclerosis and had no voluntary movement of his lower legs. When asked if there was a physician order or assessment and care plan for the Velcro strap, the nurse manager could not find documented evidence in the residents medical record.</p> <p>The admission records revealed Resident #3 was admitted to the facility on 2/7/07, with a diagnoses of Multiple Sclerosis, debility NOS, and paraplegia NOS. No documentation was in the medical record of:</p> <p>a) A physicians order for the Velcro restraint to secure the resident while in the wheelchair; and</p> <p>b) A care plan or assessments for the risks associated with the use of the Velcro strap as an enabler.</p> | F 221   | <p><i>How you will identify other residents having potential to be affected by the same deficient practice and what corrective actions will be taken.</i></p> <p>A visual survey was completed on all units on 12/4/08 to assure all devices were addressed per our policy.</p> <p>Our policy #2205 (see attached) states all new devices used in behalf of the residents will have corresponding orders from the physician (or his/her legal representative) and communicated by the licensed nurses to the MDS team to initiate a care plan upon receipt of the order. (see #5 &amp; 6)</p> <p>Policy #2205 states form #F2205B (see attached) will be utilized to evaluate any device, attachment, etc. that may be considered a restraint (as defined in policy 2205 under "Definition"). This completed form assessing each identified device will be reviewed by the Interdisciplinary team during the weekly meeting for need and completion.</p> | 12/4/2008                  |   |

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| F 221   |  | F 221   | <p><i>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:</i></p> <p>Policy #2205 was originally written in April 2002 and revised again in March 2008. The revisions were presented to the appropriate staff. A recent review of form F2205B was completed on November 19 and December 4, 2008 for all licensed nurses.</p> <p>The DNS will review at the all staff meetings scheduled for January 9 &amp; 27, 2009.</p> | 11/19/2008                 | 12/4/2008                                       |
|   |  |   |   | 1/27/2009                  |   |

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